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HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 4 - 0 0 3	GEORGIA
STATE PLAN MATERIAL	0 4 - 0 0 3	GEORGIA
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2004	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	☐ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	<b>4</b> . 7.0
Section 1902 off The Act.	a. FFY 2004	\$ 7.9 \$ 24.3
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2005  9. PAGE NUMBER OF THE SUPERS	
6. FAGE NOWIDER OF THE FLAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable)	
Attachment 2.2-A. page 4a	OK III TACINILIVI (ij Applicacie)	•
Supplement 8a To Attachment 2.6-A. pages 1, 2	Attachment 2.2-A. page 4a	
Supplement 1 to Attachment 2,6-A, page 3	Supplement 8a To Attachment 2.6-A. pages 1, 2	
	Supplement 1 to Attachment 2,6-R	page 3
		, , ,
100. SUBJECT OF AMENDMENT:		
REDUCTION OF FEDERAL POVERTY LEVEL LIMIT FO	OR PREGNANT WOMEN'S PROGRAM	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Md IN	Department of Community III - 14h	
13. TYPED NAME: MARK TRAIL	Department of Community Health Medical Assistance Plans	
	2 Peachtree Street, N.W.	
14. TITLE: CHIEF MEDICAL ASSISTANCE PLANS	Atlanta, Georgia 30303-3159	
15. DATE SUBMITTED: June 30 2004		
15. DATE SUBMITTED: June 30, 2004		
1. FOR REGIONAL OFFICE USE ONLY	·	
17. DATE RECEIVED: JUL 0 6 2004	18. DATE APPROVED:	3001
	SEP 2 3	2004
PLAN APPROVED - ON		DY CY A Y
19. EFFECTIVE DATE OF APPROVED MATERIAL:  JUL 0 1 2004	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME:	22. TITLE: ASSOCIATE REGIONA	ADMINISTERTOR
Renard L. Murray, D.M.	DIVISION OF MEDICANDE	OHU DREAK HEALTH
21. TYPED NAME: Renard L. MURRAY, D.M. 23. REMARKS:	- Strigger	THE PARTY OF THE P

Revision: 07/2004

ATTACHMENT 2.2-A

Page 4a

State: Georgia

Citation(s)

Groups Covered

### A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 1902(a)(10)(A) (i)(IV) and 1902 (1) (1)(A) and B of the Act.

- Pregnant women and infants, under I year of age, with family income up to 133 percent of the Federal poverty level, who are described in Section 1902(a)(10)(A)(i)( $\Gamma$ V) and 1902(1)(I)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.
- The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

IV-A 1902(a)(10)(A)(i)(IV) 1902 (1) (1) (c) of the Act.

- 9. Children
  - who have attained 1 year of age, but have not attained 6 years of age, with family income at or below 133 percent of the Federal poverty level.

IV-A 1902(a)(10)(A)(i) (VII) and 1902(1) (I)(D) of the Act.

b. born after September 30, 1983, who have attained 6 years of age, but have not attained 19 years of age, with family income at or below 100 percent of the Federal poverty level.

Income levels for these groups are specified in Supplement 1 to Attachment 2.6-A.

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## SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 1

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

# MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT\*

\_ Section 1902(f) State

X Non-Section 1902(f) State

1902(a)(10)(A)(i)(IV)

The State's approved AFDC plan, except no deeming of parental income is done, when a pregnant woman living with her parents applies for Medicaid as a caretaker or when a pregnant woman has a spouse and they live with his parent(s).

1902(a)(10)(E)(i) and 1902(a)(10)(E)(iii)

Title II income, considered as countable income in determining eligibility, is based on income received rather than income entitlement, if the payment is reduced to recover a previous Title II overpayment. This applies only to 1902 (a)(10)(E)(i) and 1902 (a)(10)(E)(iii) groups.

1902(a)(10)(A)(i)(IV), (VI), (VII)

The State's approved AFDC plan. Except when a parent applies for Medicaid for his or her child and the spouse of that parent is not the parent of the child, do not deem spousal income to the parent in the Medicaid budget.

1902(a)(10)(E)(i) and 1902(a)(10)(E)(iii) The income methodologies regarding in-kind support and maintenance will not be used in the Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries program.

Income received from employment with the Census Bureau will not be used in the Qualified Medicare Beneficiaries and Specified Low Income Medicare Beneficiaries programs

The SSI values for the one-third reduction (VTR) and the presumed maximum value (PMV) of support and maintenance will not be considered in determining gross and net income for Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries. The individual's gross income less the \$20 general income exclusion will be compared to the mandated percentage of the federal poverty limit to determine eligibility for QMB and SLMB coverage.

1902(a)(10)(A)(i)(III) and 1902 (a) (10)(A)(ii)(IX) and 1902 (l)

The following applies to pregnant women and infants covered under Section 1902(a)(10)(A)(i)(III) and 1902(a)(10)(A)(ii)(IX) of the Act, who are defined in 1905(n)(2) and 1902 (l) of the Act.

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SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 2

Effective July 1, 2004, for pregnant women, income in the amount of one dollar plus the amount of income by which 200 percent of the federal poverty level (for the size family involved as revised annually in the Federal Register) exceeds the State's income standard for the affected group is disregarded.

1902(a)(10)(A)(i) (III) and Section 1905(n)(2)

The following applies to children covered under Section 1902(a)(10)(A)(i)(III) of the Act, who are defined in Section 1905(n)(2) of the Act.

Effective July 1,1993, income in the amount of one dollar plus the amount of income by which 100 percent of the Federal poverty level (for the size family involved as revised annually in the Federal Register) exceeds the State's AFDC standard is disregarded.

For pregnant women, infants, and children covered under Section 1902(a)(10)(A)(i)(III) and who are defined under Section 1905(n)(2) of the Act, income received from employment with the Census Bureau is disregarded.

\*More liberal methods may not result in exceeding gross income limitations under Section 1903(f).

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Supersedes

Approval Date \_

SEP 2 3 2004

Effective Date

JUL 0 1 2004

TN No. <u>00-006</u>

### SUPPLEMENT 1 to ATTACHMENT 2.6-A

Page 3

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: GEORGIA

#### **INCOME ELIGIBILITY (Continued)**

- B: OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVEL
  - 1. Pregnant Women and Infants

The levels for determining income eligibility for optional pregnant women and their infants under the provisions of Sections (a)(1)(A)(ii) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

• Refer to SUPPLEMENT 8a to ATTACHMENT 2.6-A.

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